

**STATE OF CONNECTICUT
OFFICE OF THE CHILD ADVOCATE
165 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06105**



**Sarah Healy Eagan
Child Advocate**

TESTIMONY FROM THE OFFICE OF THE CHILD ADVOCATE

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Senators McCrory and Representative Sanchez, Senator Berthel and Representative McCarty, and all distinguished members of the Education Committee, this testimony is being submitted on behalf of the Office of the Child Advocate (“OCA”). The obligations of the OCA are to review, investigate, and make recommendations regarding how our publicly funded state and local systems meet the needs of vulnerable children.

H.B. No. 5283 (RAISED) AN ACT CONCERNING THE EDUCATION COST SHARING GRANT FORMULA AND THE FUNDING OF OTHER EDUCATION PROGRAMS.

OCA strongly supports this bill which would commit the state to a more equitable education funding framework and provide fiscal stability for school districts. While federal stimulus funding has provided much needed relief to school districts, it has only temporarily reduced funding gaps. The one-time nature of these funds makes it difficult for school districts to invest them meaningfully for sustainable improvements on behalf of children. By committing to fully fund education at the expiration of the federal stimulus funding, school districts can begin to put dollars towards reoccurring expenses to help students now.

The main point OCA wanted to make in today’s testimony is that funding schools is also a children’s mental health initiative. All of the things that we want to be able to do for our children and teachers: allow them to develop positive relationships, receive individualized attention and support, address remedial education needs, promote student wellness and mental health, reduce suspension and expulsion, promote positive school climate, all of this will take meaningful and sustained investment in schools that allows them to reduce class sizes, retain highly qualified personnel, and ensure staffing supports that promote educational equity and student and teacher wellbeing. As long as there are children struggling in schools with large class sizes, few support resources, and educators and administrators stretched to the breaking point, we will not be able to address children’s wellness and mental health.

The U.S. Surgeon General's recent report¹ declaring a children's mental health crisis and issuing national guidance to policymakers recommends the following as necessary steps to supporting children's mental health:

1. **Expanding social and emotional learning programs and other evidence-based approaches that promote healthy development** (e.g. Sources of Strength, The Good Behavior Game, Life Skills Training, Check-In/Check-out, and PATHS).
2. **Providing a continuum of supports to meet student mental health needs, including evidence-based prevention practices and trauma-informed mental health care.** Tiered supports should include coordination mechanisms to get students the right care at the right time. For example the Project AWARE (Advancing Wellness and Resilience in Education) program provides funds for state, local, and tribal governments to build school-provider partnerships and coordinate resources to support prevention, screening, early intervention, and mental health treatment for youth in school-based settings.
3. **Expand the school-based mental health workforce.** This includes using federal, state, and local resources to hire and training additional staff, such as school counselors, nurses, social workers, and school psychologists, including dedicated staff to support students with disabilities.
4. **Support the mental health of all school personnel. Opportunities include establishing realistic workloads and student-to-staff ratios, providing competitive wages and benefits, regularly assessing staff well-being and integrating wellness into professional development.**

As the U.S. Surgeon General heralded, "Our obligation to act is not just medical—it's moral. I believe that, coming out of the COVID-19 pandemic, we have an unprecedented opportunity as a country to rebuild in a way that refocuses our identity and common values, puts people first, and strengthens our connections to each other."

H.B. No. 5284 (RAISED) AN ACT CONCERNING THE FUNDING OF UNIFIED SCHOOL DISTRICT #1.

OCA appreciates the bill's purpose to require SDE to study and compare the funding levels of USD # 1 to those of other school districts. Educational services in the Department of Correction, including special education services, are provided by Unified School District #1 (USD #1). The DOC Commissioner serves as the Chairperson of the USD #1 school board, and the Superintendent of Schools administers and supervises the daily operations of the school district. The school at Manson has its own administrative team, led by a school principal. It is the obligation of the State Department of Education to ensure that students with disabilities through age 22 are provided with an appropriate education pursuant to the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §§ 1400-1482. The OCA is charged by state law with investigating and reporting out regarding conditions of confinement for all incarcerated children and youth, age 15 to 20 in facilities run by the state. OCA's most recent report can be found here: <https://portal.ct.gov/-/media/OCA/OCA-Recent-Publications/OCA-Report-MYIYCI-Nov-2020.pdf>.

¹ <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>.

Following a report by the OCA in 2019 regarding conditions of confinement for youth at Manson Youth Institution, the U.S. Department of Justice launched an investigation into potential civil rights violations at the prison. In December 2021, the DOJ concluded its multi-year investigation² into conditions of confinement for children age 15 to 17 incarcerated at MYI (MYI), which investigation examined the DOC's use of isolation, delivery of mental health services, and provision of education to children with disabilities.

The DOJ found:

There is reasonable cause to believe that conditions for children at Manson Youth Institution violate the Eighth and Fourteenth Amendments of the United States Constitution and the Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400-1482. These violations are pursuant to a pattern or practice of resistance to the full enjoyment of rights protected by the Constitution and federal law. Specifically, we find that Manson's isolation practices and inadequate mental health services seriously harm children and place them at substantial risk of serious harm. In addition, Manson fails to provide adequate special education services to children with disabilities.

With regard to children with disabilities and the provision of education by USD # 1 at MYI, the DOJ found:

Children with disabilities in correctional facilities do not forfeit their right to special education services. Instead, the IDEA explicitly applies to 'adult correctional facilities' that "are involved in the education of children with disabilities." 34 C.F.R. § 300.2(b)(1)(iv).

Manson routinely reduces special education services without consideration of individualized needs. On average, the IEPs of children at Manson provided just over one hour per week of special education services at Manson, as compared with nearly 18 hours of services per week in the IEPs created by their local school districts.

Manson had no standardized system to document whether and when special education and related services were provided, relying instead on individual special education teachers and school psychologist to develop and maintain their own tracking systems, without any oversight from the school or school district to ensure that services are provided in accordance with each student's IEP.

The general education teachers receive no training on how to implement modifications and accommodations in their classrooms or provide individualized instruction, and Manson relies on individual regular education teachers to look at each student's file to identify the modifications and accommodations required by each student's IEP.

² <https://www.justice.gov/opa/press-release/file/1458001/download>.

Manson automatically reduces the “related service” of counseling in students’ IEPs without consideration of a child’s individualized need for such services. Manson also routinely reduces or eliminates children’s speech and language services. Manson fails to provide adequate behavioral supports for children with disabilities.

Manson fails to provide adequate transition planning and services. Transition planning is particularly important for children with disabilities in correctional institutions, as they, overall, have poor post-release education and employment outcomes.

Manson, however, lacks formal structures and procedures to ensure that children with disabilities are identified and evaluated. In 2019, Manson did not refer any students for evaluations to determine if they were in need of special education services.

While the DOJ and the State of Connecticut are negotiating the resolution of these civil rights findings, OCA offers the following observations and recommendations:

1. That the bill be amended to require SDE to report regarding its activities and strategic plan for ensuring that students with disabilities in the Department of Correction are provided an appropriate education consistent with the IDEA.
2. That an independent needs assessment be done of the services offered by USD # 1, the infrastructure required to deliver an appropriate continuum of education and related services including staff supports, professional development, meaningful curriculum, educational materials, and transition supports.
3. That SDE incorporate the independent needs assessment into a strategic plan, with funding recommendations, to ensure delivery of appropriate educational services by USD # 1.

Thank you for your review and consideration of this testimony.

Sincerely,

Sarah Healy Eagan, JD

Child Advocate

State of Connecticut